VISITING SCIENTIST APPLICATION FOR ACCOMMODATION AND RESEARCH FACILITIES

BOX 1 -	NAME AND CONTAC	CT DETAILS			
Name:					
Title:					
E-Mail A	Address:				
Professio	onal Affiliation				
Address	(line 1)				
Address	(line 2)				
Address	(line 3)				
City/Sta	te/Province/Post Code				
Phone/E	xtension:				
BIOS or o	<mark>ther Bermuda collabora</mark>	tion contact:			
or by e-m	ail - <u>reservations@bios.a</u>			ng manager' at the BIOS address ab one: (441) 297 – 1880 x 102)	,ovc.
BOX 2: V	ISITATION DATES				
First date	s:	Departu	re		
Second	econd				
Airline		Departure	Departure		
Please p	rovide a very short (2-3) of Funding:	sentence) descript	ion of the res	earch project:	
000000	,				
BOX 4: C	REDIT CARD DETAIL	S			
Name on	card:			Expiration date	
Number:		Type of Card			
changes in retained b Card) are	n arrival and departure by the Institute). Person e accepted. Credit Car	dates, and all no-sal check, money of ds used as guar	shows (e.g. 4 order, purcharantee only	per person. Deposits will be retain spaces reserved and only 3 arrive, ase order, or credit card (VISA or (no charges placed). Please char in my booking at BIOS.	\$200 is Master
Signature	SignatureDate: / /				

BOX 5:	ACCOMPANYING PERSONNEL							
	ompanying personnel by name, relationship (i.e. Members/Friends or 'Other' (please specify)), and		chnicians or Gradu	ate S	tud	ents	or	
No.	Name Relationship				Sex			
					<u> </u>	1, 🗌	F	
1				<u> </u>	=-	1, 🔼	F	
2				<u> </u>	=	1, _	F	
3				 		_=	F	
5				<u> </u>	=-	<u>1, </u>	<u> </u>	
6				╁┝	=-	1, <u> </u>] F	
7				╁┝		_=	F	
				_		1, L		
BOX 6:	Preferred ACCOMODATION (indicate number	of rooms/apar	tments required in	the b	oxe	es)		
	1 bedroom apartment (2 persons)		Rate: \$220 per da	ny				
	2 bedroom apartment (3persons)		Rate: \$285 per da	ıy				
Room v	vith a private bathroom:		D : 01.10 0005					
D	Single Twin / Double	Triple	Rate: \$140 - \$235	per (day			
Room v	vith a shared bathroom: Single Twin / Double	Triple	Rate: \$92 - \$172 p	or d	277			
	Single Twin / Double	Triple	Kate. \$92 - \$172 }	er u	ay			
BOX 7:	LABORATORY or PROJECT STAGING AREA							
Rate: \$1	00 - \$300 per day (depending on size). Please esti	mate the bencl	n space/area require	ed:				
	lescribe the research activity and type of laborato	-		help	us	in		
assessir	g which laboratory/staging area will be most sui	table for your i	needs):					
BOX 8:	BIOS SEMINAR SERIES							
Semina	rs are generally given on Tuesday and Friday after	rnoons. If you a	are willing to give a	semi	inar	, ple	ease	
	a preferred date and a proposed title:	J	0 0			. 1		
BOX 9	: HAZARDOUS MATERIALS AND WASTE							
Will v	ou be using materials which will generate Hazard	lous waste?						
☐ Ye								
	rs MUST make arrangements with BIOS persor	nnel (either Br	uce Williams or a	n ass	soci	ate	BIOS	
	st) to register the waste on our electronic waste si							
NOTE: A Safety policy guide and waiver are required to be read and signed upon check-in at BIOS.								

BOX 10: RADIOISOTOPES AND RADIOACTIVE TRACER LABS
Do you wish to use Radioisotopes while at BIOS Bermuda?
Yes NO (please tick a box)
Note: The maximum quantities of ³ H, ¹⁴ C, ³⁵ S and ⁴⁵ Ca are 10 mCi per investigator. The BIOS Radiation Safety Officer must give approval to importation of radioactive material at least 30 days prior to shipping date. BIOS requires advanced notification of arrival date, airline and airway bill number.
Please specify isotope and estimated amount/activity:
NOTE: A safety policy guide and waiver are required to be read and signed upon check-in at BIOS.
BOX 11: COLLECTING AND EXPERIMENTAL ACTIVITY
All collecting activity and experimental activities at BIOS are overseen by the <i>BIOS Collection and Experimental Ethics Committee</i> . The committee is responsible for the <i>Collection and Experimental Ethics Policy (CEEP)</i> and the Committee has the responsibility to evaluate and inspect the facilities of all scientists using animals for research or teaching, and to assure the humane handling, care, treatment, and transportation of the animal species.
If you wish to collect any biological specimens or conduct manipulative experiments in the field, you will have to fill in a 'Planned Collection and Experimental Manipulation Form' at least 1 month before your arrival and to turn the 'Planned Collection and Experimental Manipulation Form' into a 'Realized Collection and Experimental Manipulation Form' at the end of your stay. An electronic 'Read only' version of this form is available on the BIOS website or can be requested from BIOS. (leocadio@asu.edu).
If you wish to take any samples out of Bermuda (including extracted genetic material, biological fluids, mucus etc) you will require an Export Permit issued from the Bermuda Government Department of Environmental Protection (Ministry of the Environment). To get this you will need to fill out a 'BIOS Internal Request for an Export Permit Form'. An electronic 'Read only' version of this form is available on the BIOS website, or can be requested from the BIOS. (leocadio@asu.edu). You need to apply for this at least 1 month before the items are to be shipped out of Bermuda.
Some organisms i.e. corals, may also require a CITES permit. For details on how to obtain a CITES permit please read the <i>Collection and Experimental Ethics Policy (CEEP)</i> which is available on the BIOS website or contact BIOS (leocadio@asu.edu).
Do you wish to collect any biological material or conduct manipulative experiments in the field?
Yes No (please tick a box)
Do you wish to Export any biological material?
Yes No (please tick a box)
NOTE: If "NO" has been ticked in both fields, in lieu of the above documentation, you will be required to sign a statement verifying "no collecting/no exporting" upon check-in at BIOS.

BOX 12: EQUIPMENT LIST						
The following equipment, if available, may be used if requested with advance notice. Please use this list as						
a reference when you fill out the facilities and equipment schedule (see below) and/or tick the items on this						
sheet. Visitors are responsible for any damages or loss incurred while equipment is signed out to them.						
Tick Equipment						
	Liquid scintillation counter (Packard U1600-405195)					
	Compound microscope; dissecting microscope; video microscope					
	High speed centrifuge; Bench top centrifuge					
	Freezer (0°C), Freezer (-70°C)					
	Plankton net (specify mesh and size)					
	Milli-Q Water (charges are levied for amounts used)					
	Aquaria with running sea water					
	Autoclave					
	SCUBA (tanks, belts and weights only available)					
	Technical or other staff assistance (please specify)					
A lim	ited supply of commonly used supplies i.e.(float-buckets, writing tablets, transects, etc), glassware					
and cl	hemicals are available for purchase and/or use					
Please	e list your needs below and we will advise you on the availability and cost as requested:					

BOX 13: FACILITIES & EQUIPMENT SCHEDULE

Please provide specific dates and times required for boat, truck or equipment. If due to conflicts with other BIOS users we cannot reserve your required time slot, minor changes will be made to your schedule to accommodate your needs and you will be notified for your approval

Date	Activity/Destination	Transport Needs	Start Time	Finish Time	Equipment and Supplies Needs
23/10/2007	Whalebone Bay	Small truck with driver	8:00 am	1:00 pm microscopes, dissecting dishes, float buckets, w tablets etc.	

BOX 14: SCUBA DIVING
Do you wish to SCUBA dive or use boats?
SCUBA: Yes NO (please tick a box)
Boat Hire: Yes NO (please tick a box)
If the answer is 'Yes' to either of these questions you will need to contact the BIOS Dive Safety Officer
Kyla.Flook@bios.asu.edu or the Small Boats Manager Chris.Flook@bios.edu for information, forms, and
qualifications required.
BOX 15: ADDITIONAL INFORMATION
Please use this are to detail any additional information, needs, or requests